

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9259

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri -b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 50 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		1495	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 2401 Adele			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Willard		c. (Last) Graber		4. DATE OF DEATH (Month) (Day) (Year) Feb 10, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 2, 1875	
9. AGE (In years last birthday) 74		10. AGE (In years last birthday) 11		11. AGE (In years last birthday) 8		12. AGE (In years last birthday) Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ft Scott Kansas	
12. CITIZEN OF WHAT COUNTRY? U S A							
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clara Graber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Graber, 2401 Adele Joplin Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1947, to Feb. 7, 1950, that I last saw the deceased alive on Feb. 7, 1950, and that death occurred at 4:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE E. E. Coats M.D.				23b. ADDRESS Joplin Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-13-1950		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 2-15-50		REGISTRAR'S SIGNATURE E. E. Coats		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-20-50

Jasper County Health Office

County File Number 50-3-128

Date Filed 3-15-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Jasper, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.